

**COUNTY OF MOORE
NORTH CAROLINA**

REQUEST FOR QUALIFICATIONS

ISSUE DATE: October 13, 2016

RFQ#: 2017-02

TITLE: Engineering Services - Camp Easter Road Water and Sewer Project

**ISSUING DEPARTMENT: County of Moore
Attn: Terra Vuncannon
Financial Services
206 South Ray Street
P.O. Box 905
Carthage, NC 28327**

Sealed qualifications will be received until **4:00 p.m. Tuesday November 1, 2016** from qualified firms for the **Engineering Services - Camp Easter Road Water and Sewer Project**.

All inquiries for information concerning the Request for Qualifications shall be directed to:

**Terra Vuncannon, Purchasing Manager
P.O. Box 905
206 South Ray Street
Carthage, NC 28327
(910) 947-7118**

tvuncannon@moorecountync.gov

Sealed qualifications shall be mailed or hand delivered to the Issuing Department shown above and the envelope shall bear the name and number of this Request for Qualifications. It is the sole responsibility of the Firm to ensure that its response reaches the Issuing Department by the designated date and hour indicated above.

In compliance with the Request for Qualifications and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services and install the goods described in accordance with the attached signed response.

Firm Name: _____ Date: _____

Address: _____ Phone: _____

_____ By: _____
(typed)

By: _____
(signed)

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PROJECT DESCRIPTION

Project Overview (Background)

Moore County is soliciting Statements of Qualifications from engineering firms to provide engineering and surveying services that will extend water and sewer infrastructure along Camp Easter Road. The County is seeking a Professional Engineering firm with experience in the development and design of public water and wastewater systems, to include design and construction administration services for this project. The County reserves the right to reject any and/or all responses. The County reserves the right to delete any portion of this project following the bid process.

Services Requested

The scope of services includes, but is not limited to the following:

1. Prepare all required utility easement maps and encroachment agreements.
2. Prepare complete construction plans and specifications in accordance with applicable regulations and standards of water and wastewater infrastructure (water main, PRV, sewer main, manhole, lift station, force main, etc.).
3. Prepare detailed itemized cost estimate based on the final design.
4. Prepare and submit applications for all required federal, state and local permits and approvals.
5. Work with Moore County Finance Department and Public Works Department in preparing complete bid package including all required documents.
6. Work with Moore County Finance Department in managing the competitive bidding process, including assistance with: preparation of bid packages for prospective bidders, responding to inquiries concerning technical aspects of the project, preparation of addenda as required, attending pre-bid conference and bid opening, evaluating the bids for accuracy and completeness and making recommendation to the County regarding the award of a contract to the lowest responsible, responsive bidder.
7. Work with the Moore County Legal Department in preparing the formal construction contract documents for execution.
8. Work with Moore County Engineering Division of Public Works Department in providing construction administration to include:
 - a. Conduct critical time construction inspection of sufficient frequency to ensure as-built compliance with the general and technical specifications.
 - b. Review and approve material submittals.
 - c. Prepare and issue change orders and construction field directives as required.
 - d. Review and certify contractor payment requests.
 - e. Conduct final inspection and provide project clarification to all appropriate agencies.
9. Prepare reproducible as-built record drawings and deliver copies as required by the County.

Procedural Requirements

All proposals must provide the following information for review:

Please label each section and place in your bound response in the order below.

1. **Firm Location:** Firm name, address, telephone numbers and year established.
2. **Firm Management:** Names of principals of the firm and states in which they are registered.

3. **Firm Services:** Types of services customarily provided by the firm.
4. **Firm Project Team:** Name and resume of Project Manager and Project Engineer to be assigned to this project.
5. **Firm Consultants:** Names of all outside consultants, if any, who would be retained to provide services required for this project.
6. **Firm Experience:** Brief description of the firm's experience with similar North Carolina projects over the past five years.
7. **Firm Project Team Experience:** Engineering experience with municipal water and wastewater systems. List knowledge and experience with the Moore County water and sewer systems.
8. **Firm Workload:** List of current projects with expected completion date and man-hour commitments relative to the capacity of the firm.
9. **Firm Fee Schedule:** List of current fees to include published hourly rates for the firm and methodology of setting fees.
10. **Firm References:** A list of at least three (3) references with contact names and phone numbers. References should be from water and wastewater projects and to the extent possible from similar clients.

The above Procedural Requirements will have the below value in the Evaluation Criteria.

1. 10%
2. 2%
3. 2%
4. 10%
5. 2%
6. 19%
7. 20%
8. 15%
9. 10%
10. 10%

Selection Process

The proposals received by the submittal deadline will be evaluated by a selection committee comprised of representatives of Moore County.

The committee will review and identify the firm or firms that are most qualified and responsive to the services requested. Interviews may be conducted should the committee require further assessment. The successful vendor will be notified once an award/contract has been approved by the County of Moore Board of Commissioners.

Additional Instructions

After the Request for Qualifications issue date, all communications between the Issuing Department and prospective Firms shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at tvuncannon@moorecountync.gov. **All written questions shall be received by the Issuing Department no later than 10:00 pm Thursday October 20, 2016. NO EXCEPTIONS.**

Firms should submit one (1) original and five (5) copies of their response. The Engineer's Statement of Qualifications shall be limited to no more than 10 pages, including Cover Page. The original should also include the following documents: Non-Collusion Affidavit, E-Verify Affidavit, Iran Divestment Act Certification, Vendor Application and W-9 Form.

The County reserves the right to reject any and/or all responses. The County reserves the right to delete any portion of this project following the bid process.

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Moore

I _____, being first duly sworn, deposes and says that:

He/She is the _____ of _____, the proposer that has submitted the attached proposal;

He/She is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

Such proposal is genuine and is not a collusive or sham proposal;

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, Employees or parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a collusive or sham proposal in connections with the contract for which the attached proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached proposal or of any other Proposer or to fix overhead, profit or cost element of the proposal price of any other Proposer or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Moore or any person interested in the proposed contract; and

The price or prices quoted in the attached proposal are fair, proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature and Title

State of North Carolina
County of _____
Subscribed and sworn before me,
This ____ day of _____, 2016

Notary Public
My commission expires _____

Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, _____ (the individual attesting below), being duly authorized by and on behalf of
_____ (the entity bidding on project hereinafter "Employer") after first being duly
sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
 - a. YES _____, or
 - b. NO _____
4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

Executed, this ____ day of _____, 2016.

Signature of Affiant
Print or Type Name: _____

State of North Carolina
County of _____

Signed and sworn to (or affirmed) before me, this the ____
day of _____, 2016.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

RFP Number (if applicable): _____

Name of Vendor or Bidder: _____

**IRAN DIVESTMENT ACT CERTIFICATION
REQUIRED BY N.C.G.S. 147-86.59**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 147-86.58.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

Signature

Date

Printed Name

Title

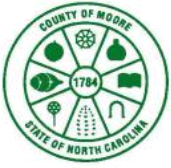
Notes to persons signing this form:

N.C.G.S. 147-86.59(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 147-86.59(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must **not** utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/iran and will be updated every 180 days.



Vendor Application

County of Moore

Financial Services – Purchasing Division
PO Box 905
Carthage, NC 28327
Phone: (910) 947 - 7118
Fax: (910) 947 - 6311

Please Type or Print Legibly

Federal ID # _____ SS # _____ Vendor # _____

Vendor Name

Date

ORDER ADDRESS		PAY ADDRESS	
Street		Street	
Street		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
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YEAR ESTABLISHED	TERMS	DISCOUNT
------------------	-------	----------

CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE
	EMAIL ADDRESS:

This firm certifies that it is a: (if applicable)

☐ Disabled

☐ Minority Business Enterprise

☐ Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Product(s) and/or Service(s)

Please list the type product(s) and/or Service(s) that your company can provide.

_____	_____	_____
_____	_____	_____

References

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.